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|----------------------|--------------------------------|--------------------------------|-----------|---|---------|---------|-----------|
| IPDR6702 | | NORTH CAROLINA | | | PAGE: 1 | | |
| RUN DATE: 07/10/2005 | | IPRS CHECKWRITE SUMMARY REPORT | | | | | |
| | | CHECKWRITE DATE: 07/12/2005 | | | | | |
| | | FINANCIAL PAYER: NCDMM | | | | | |
| | | | | | | TOTAL | TOTAL |
| PROVIDER | | HIGH DENIAL | NUMBER OF | | TNC | TOTAL | CLAIMS |
| NUMBER | PROVIDER NAME | EOBS | DENIALS | DESCRIPTION | DENIALS | DENIALS | FINALIZED |
| 3404901 | SMOKY MOUNTAIN H/DD/SAS | 8505 | 176 | CLAIM DENIED DUE TO INSUFFICIE NT BUDGET | | | |
| | | 0 | 0 | | 0 | 176 | 176 |
| | | | | | | | 0 |
| 3404902 | BLUE RIDGE COMM UNITY | 23 | 8 | SERVICE REQUIRES PRIOR APPROVA L | | | |
| | | 0 | 0 | | 0 | 8 | 8 |
| | | | | | | | 0 |
| 3404904 | WESTERN HIGHLAN DS LME | 8599 | 1 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | |
| | | 0 | 0 | | 0 | 1 | 43 |
| | | | | | | | 42 |
| 3404910 | PATHWAYS | 8599 | 301 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | |
| | | 21 | 83 | DUPLICATE OF CLAIM-SYSTEM | 9 | 528 | 10426 |
| | | | | | | | 9898 |
| | | 8621 | 35 | 60 RESIDENTIAL LEVEL III: TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. | | | |
| 3404912 | CATAWBA COUNTYM ENTAL HEALT | 8931 | 105 | AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. | | | |
| | | 8599 | 44 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | 125 | 220 | 1303 |
| | | | | | | | 1083 |
| | | 143 | 30 | CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE | | | |
| 3404913 | MECKLENBURG COM ENTAL HEALT | 21 | 707 | DUPLICATE OF CLAIM-SYSTEM | | | |
| | | 11 | 606 | CLIENT NOT ELIGIBLE ON SERVICE DATE | 520 | 2758 | 4746 |
| | | | | | | | 1988 |
| | | 8599 | 458 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | |
| 3404916 | CROSSROADS BEHA VIALOR HEAL | 21 | 351 | DUPLICATE OF CLAIM-SYSTEM | | | |
| | | 8599 | 58 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | 1 | 431 | 1539 |
| | | | | | | | 1108 |
| | | 191 | 12 | CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME | | | |
| 3404917 | CENTERPOINT HUM AN SERVICES | 8651 | 40 | ONLY FOUR UNITS ALLOWED PER MO NTH | | | |
| | | 120 | 34 | CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM | 43 | 152 | 2432 |
| | | | | | | | 2280 |
| | | 8933 | 20 | ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. | | | |

| PROVIDER NUMBER | PROVIDER NAME | HIGH DENIAL EOBS | NUMBER OF DENIALS | DESCRIPTION | TMC DENIALS | TOTAL DENIALS | TOTAL CLAIMS FINALIZED | TOTAL CLAIMS PAID |
|--------------------|--------------------------------|---------------------|----------------------|--|----------------|------------------|------------------------------|-------------------------|
| 3404919 | GUILFORD CO MEN TAL HEALTHC | 21 | 123 | DUPLICATE OF CLAIM-SYSTEM | | | | |
| | | 8599 | 62 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | 10 | 229 | 3512 | 3283 |
| | | 9404 | 13 | SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD | | | | |
| 3404920 | ALAMANCE CASWEL L AREA MH D | 0 | 0 | *** NO DATA TO REPORT *** | | | | |
| | | 0 | 0 | | 0 | 0 | 0 | 0 |
| 3404921 | ORANGE PERSON C HATHAM AREA | 8599 | 74 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | | |
| | | 10 | 33 | DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR | 3 | 157 | 1886 | 1729 |
| | | 8630 | 8 | SIX OCCURRENCES OF CMAO SERVIC ES HAVE PROCESSED AND PAID, PA IS REQUIRED FOR ADDITIONAL SER | | | | |
| 3404922 | THE DURHAM CENT ER | 21 | 2160 | DUPLICATE OF CLAIM-SYSTEM | | | | |
| | | 8599 | 725 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | 0 | 3068 | 5280 | 2212 |
| | | 8329 | 66 | CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA | | | | |
| 3404923 | 5 COUNTY MH | 8599 | 66 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | | |
| | | 11 | 18 | CLIENT NOT ELIGIBLE ON SERVICE DATE | 0 | 121 | 1180 | 1059 |
| | | 143 | 14 | CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE | | | | |
| 3404925 | SANDHILLS CENTE R FOR MH/DD | 8599 | 30 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | | |
| | | 120 | 7 | CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM | 1 | 38 | 442 | 404 |
| | | 8931 | 1 | AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. | | | | |
| 3404926 | SOUTHEASTERN RE G MENTAL HL | 24 | 773 | PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI | | | | |
| | | 8599 | 255 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | 153 | 1749 | 8855 | 7106 |
| | | 143 | 237 | CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE | | | | |
| 3404927 | CUMBERLAND CO M HC | 8599 | 32 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | | |
| | | 8952 | 7 | CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION | 0 | 47 | 1204 | 1157 |
| | | 8622 | 3 | 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. | | | | |

| PROVIDER NUMBER | PROVIDER NAME | HIGH DENIAL EOBS | NUMBER OF DENIALS | DESCRIPTION | TMC DENIALS | TOTAL DENIALS | TOTAL CLAIMS FINALIZED | TOTAL CLAIMS PAID |
|--------------------|--------------------------------|---------------------|----------------------|--|----------------|------------------|------------------------------|-------------------------|
| 3404930 | JOHNSTON COUNTY MNTL HLTHC | 0 | 0 | *** NO DATA TO REPORT *** | | | | |
| | | 0 | 0 | | 0 | 0 | 0 | 0 |
| 3404931 | WAKE CO HUM SVC BILLING OF | 11 | 233 | CLIENT NOT ELIGIBLE ON SERVICE DATE | | | | |
| | | 8621 | 58 | 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. | 38 | 370 | 1947 | 1577 |
| | | 8931 | 36 | AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. | | | | |
| 3404932 | RANDOLPH/SANDHI LLS CO MH C | 0 | 0 | *** NO DATA TO REPORT *** | | | | |
| | | 0 | 0 | | 0 | 0 | 0 | 0 |
| 3404933 | SOUTHEASTERN CT R FOR MH/DD | 11 | 41 | CLIENT NOT ELIGIBLE ON SERVICE DATE | | | | |
| | | 8931 | 6 | AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. | 6 | 49 | 68 | 19 |
| | | 8599 | 2 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | | |
| 3404934 | ONSLow CARTERET BEHAV HEAL | 8599 | 48 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | | |
| | | 8622 | 33 | 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. | 1 | 130 | 1508 | 1378 |
| | | 8950 | 24 | CLIENT ONLY ENROLLED IN TRACKI NG POP GROUP. MUST ALSO BE ENROLLED IN A FUNDED POP GROUP | | | | |
| 3404935 | WAYNE CO MENTAL HEALTH CTR | 0 | 0 | *** NO DATA TO REPORT *** | | | | |
| | | 0 | 0 | | 0 | 0 | 0 | 0 |
| 3404936 | WILSON-GREENE M ENTAL HEALT | 8931 | 7 | AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. | | | | |
| | | 8932 | 6 | CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. | 14 | 29 | 889 | 860 |
| | | 191 | 4 | CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME | | | | |
| 3404937 | EDGEcombe NASH MNTL HLTH C | 21 | 148 | DUPLICATE OF CLAIM-SYSTEM | | | | |
| | | 5404 | 6 | SEVERE DUPLICATE; SAME ATTD PR OV/PCODE/TOS/DOS/MOD | 0 | 158 | 1831 | 1673 |
| | | 8599 | 4 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | | |
| 3404939 | NEUSE MENTAL HE ALTH CENTER | 8599 | 196 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | | |
| | | 8329 | 46 | CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA | 7 | 350 | 2613 | 2263 |
| | | 143 | 20 | CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE | | | | |

| PROVIDER NUMBER | PROVIDER NAME | HIGH DENIAL EOBS | NUMBER OF DENIALS | DESCRIPTION | TNC DENIALS | TOTAL DENIALS | TOTAL CLAIMS FINALIZED | TOTAL CLAIMS PAID |
|--------------------|--------------------------------|---------------------|----------------------|--|----------------|------------------|------------------------------|-------------------------|
| 3404941 | PITT CO MH/DD/S AS CENTER | 11 | 321 | CLIENT NOT ELIGIBLE ON SERVICE DATE | | | | |
| | | 8329 | 197 | CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA | 5 | 866 | 1680 | 814 |
| | | 21 | 194 | DUPLICATE OF CLAIM-SYSTEM | | | | |
| 3404942 | ROANOKE CHOWANH UMAN SERVIC | 21 | 34 | DUPLICATE OF CLAIM-SYSTEM | | | | |
| | | 8931 | 5 | AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. | 6 | 44 | 209 | 165 |
| | | 191 | 3 | CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME | | | | |
| 3404943 | ALBEMARLE MENTA L HEALTH CE | 11 | 45 | CLIENT NOT ELIGIBLE ON SERVICE DATE | | | | |
| | | 3404 | 31 | SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD | 23 | 149 | 755 | 606 |
| | | 21 | 23 | DUPLICATE OF CLAIM-SYSTEM | | | | |
| 3404944 | EASTPOINTE HUMA N SERVICES | 8935 | 18 | ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. | | | | |
| | | 8931 | 13 | AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. | 34 | 65 | 1206 | 1141 |
| | | 191 | 11 | CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME | | | | |
| 3404946 | FOOTHILLS AREAM ENTAL HEALT | 23 | 26 | SERVICE REQUIRES PRIOR APPROVA L | | | | |
| | | 191 | 1 | CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME | 0 | 27 | 50 | 23 |
| 3404957 | TIDELAND MENTAL HEALTH CTR | 21 | 68 | DUPLICATE OF CLAIM-SYSTEM | | | | |
| | | 8599 | 44 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | 13 | 152 | 873 | 721 |
| | | 3404 | 12 | SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD | | | | |
| 3404979 | NEW RIVER AREAM H/DD/SA PRO | 11 | 44 | CLIENT NOT ELIGIBLE ON SERVICE DATE | | | | |
| | | 8931 | 10 | AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. | 13 | 66 | 1388 | 1322 |
| | | 120 | 7 | CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM | | | | |